

## 12 NCAC 09I .0105 MEDICAL FORMS

The following Commission-approved forms shall be used by agencies and Commission-accredited delivery sites during the application for criminal justice certification or Commission-approved training course enrollment:

- (1) Form F-1, Medical History Statement, shall include the following:
  - (a) Applicant's name, date of birth, address, and telephone number;
  - (b) Current medications, allergies, and past medical history;
  - (c) Occupational history;
  - (d) Applicant's signature; and
  - (e) Name and signature of a physician, physician assistant, or nurse practitioner who holds a current license in the United States to practice medicine, as issued by a state medical board.
- (2) Form F-2, Medical Examination Report, shall include the following:
  - (a) Name, date of birth, employing agency, height, weight, and last four digits of the Social Security Number for the person being examined;
  - (b) Results of Vision Acuity;
  - (c) Results of Hearing Acuity;
  - (d) Results of Cardiovascular Examination;
  - (e) Certification that the individual being examined does or does not have any conditions, physical, emotional, or mental, that suggest further medical examination; and
  - (f) Name, signature, and medical license number of the examining medical professional.
- (3) Form F-2A, Tuberculosis Questionnaire, shall include the following:
  - (a) Applicant's name, date of birth, and employing agency;
  - (b) Tuberculosis Risk Questions and individual's response; and
  - (c) Tuberculosis Symptoms Questions and individual's response.
- (4) Form F-2B, Medical Examination Report Addendum, shall include the following:
  - (a) Name, date of birth, and employing agency of individual being examined;
  - (b) Additional Exam Notes, if any;
  - (c) Certification that the individual being examined does or does not have any conditions, physical, emotional, or mental, that suggest further medical examination; and
  - (d) Name, signature, and medical license number of examining medical professional.
- (5) Form F-31, Request for Accommodation, shall include the following:
  - (a) Name, signature, and date of birth of requesting student;
  - (b) Accredited delivery site, and name of certified School Director;
  - (c) Reason for Accommodation; and
  - (d) Proposed Accommodation.
- (6) Web Form WF-5, CJ Standards Specialized Training Student Injury Report for SMI, Instructor Courses, shall include the following:
  - (a) Course name, course dates, and training location;
  - (b) Injured student's name, date of birth, and academy ID number;
  - (c) Date of the injury;
  - (d) Details of the injury, including what the injury is, when and where it took place, and how the injury occurred;
  - (e) Whether the student was able to return to training on the same day as the injury occurred; and
  - (f) Whether the student was transported to a hospital or other medical facility for assessment or treatment of the injury.

*History Note:* Authority G.S 17C-6;  
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